

“Kalispel Summer Slam” Community Event

PERMISSION SLIP

_____, a minor, has the permission of _____

(Parent or Legal Guardian) to participate in the upcoming “Kalispel Summer Slam” Community Event hosted by Kalispel Tribe of Indians Victim Assistance Services. This free outdoor event is for youth ages 10-24 and will take place on **Saturday, June 8th, 2019 at 8:00AM.**

Kalispel Tribe of Indians, including all associated entities, (employees, servants and agents) are herewith released from liability for all actions taken in good faith during this event. This event will be in all-day event which will be located at the Camas Center. Registration is required and a complimentary T-shirt will be provided. Transportation to and from this event will NOT be provided by Kalispel Tribe of Indians Victim Assistance Service. Please plan accordingly to make appropriate arrangements for drop-off and pick-up of participants.

Player 1: _____

Parent Signature: _____

Contact Phone #: _____

Player 2: _____

Parent Signature: _____

Contact Phone #: _____

Player 3: _____

Parent Signature: _____

Contact Phone #: _____

Player 4: _____

Parent Signature: _____

Contact Phone #: _____





“Kalispel Summer Slam” PARTICIPANT WAIVER OF LIABILITY

Assumption of Risk. I assume any and all risks and hazards associated with participation in the sport of basketball. I also assume any and all risks and hazards associated with participation in the sport of basketball. These risks include, but are not limited to, the possibility of death or injuries such as bone fractures and muscle sprains and strains. Injuries may result from a variety of mechanisms including, but not limited to, running, slipping, falling, contact with the playing surface, being struck by a ball or equipment, collisions with equipment, permanent or temporary physical structures, or other people.

Disclaimer of Liability. The Kalispel Tribe of Indians, Victims Assistance Services, the Camas Center, and any of their officials, employees, or agents hereby *disclaim any responsibility for loss, damage or injury* to any equipment, player, guests, or observers during this event.

Release of Liability. The undersigned hereby *releases* the Kalispel Tribe of Indians, Victims Assistance Services, the Camas Center and any of their officials, employees, or agents from *responsibility or liability with regard to injuries or damages* suffered by the undersigned person in connection with his/her participation in said event. The undersigned further releases and discharges the Kalispel Tribe of Indians, Victim Assistance Services, the Camas Center and any of their officials, employees, or agents, for any and all judgments and/or claims from any cause whatsoever that may be suffered to his/her person and/or property.

Waiver of suit. I hereby for myself, my heirs, legal representatives, or anyone else claiming on my behalf *release, discharge and covenant not to sue* the Kalispel Tribe of Indians, Victim Assistance Services, the Camas Center, its officers, directors, employees and agents forever from liability for any and all loss or damage, personal injury, property damage or wrongful death whether caused by any negligence, either active or passive of the Kalispel Tribe, d/b/a Camas Center, Victim Assistance Services, or otherwise.

Sovereign Immunity. Nothing in this document, nor any action taken by the Kalispel Tribe of Indians, or any of its officers, employees, and agents shall be deemed to be a waiver of the sovereign immunity of the Kalispel Tribe of Indians, which *immunity is expressly asserted*.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's participation in this event.

Signature (Player 1)

Date

Signature (Player 2)

Date

Signature (Player 3)

Date

Signature (Player 4)

Date



Kalispel Tribe of Indians Victim Assistance Services
41 Tule Rd. | Cusick, WA 99119 | (509) 447-7155